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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/27/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature _____ Initials _____	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

## ADDRESS

24942  
MARY A WHITING  
214 SLOSSON AVE  
STATEN ISLAND , NY  
10314

## TITLE

Bob's border helper

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